ADIZONA CTRATE DA	OADD OF HEALEST	1/20-
ARIZONA STATE BO		State File No
1. PLACE OF BIRTH STANDARD CERTIF	· · · · · · · · · · · · · · · · · · ·	Registered No. 200
County Tila	State arizona	
District or Township or Village or Village		
City Mami No. 12 1	trover Canon	St.,Ward
2. Full name of child Paul (If birth occurred in a hospital or institution, give its NAME instead of street and number) If child is not yet named, make supplemental report, as directed.		
3. Sex of Child To be answered ONLY) 4. Twin, triplet or other.	6. Legitimate? 7. Da	201 0 1
Male in event of plural 5. No., in order of birth		I birth ALCh: 6-1928. Month Day Year
8. FATHER	14. () M	OTHER
Full name Nestor Contreras	Full maiden name Candi	da Garcia
9. Residence (Usual place of abode) Mann.	15. Residence (Usual place of abode)	Miami.
If non-resident, give place and state.	If non-resident, give place a	and state. Urisona.
10. Color or race	16. Color or race	0
Mly. 11. Age at last birthday 3.4(Years)	mex.	7. Age at last birthday 24 (Years)
12. Birthplace (city or place) Chihuahua	18. Birthplace (city or place)	Clifton
(State or country) My,	(State or country)	arizona.
13. Occupation	19. Occupation	
Nature of industry Carbbuter	Nature of industry	uservile
		Were precautions taken against oph-
1 (Taken as of time of onen or third never 1	out now dead	thalmia neonatorum.
I hereby certify that I attended the birth of this child, who was the stated.		
* When there was no attending physician a was		
setc. should make this return. A stillborn		
child is one that neither breathes nor shows other evidence of life after birth.		Dhadain a Line
Given name added from a supplemental report	Mami Urison	Physician or midwife).
Month, day, year		
Registrar.	, 19	Registrar.
932-30	06-371	